

Date: _____

To:

<input type="checkbox"/>	DOL Jacksonville District Office
<input type="checkbox"/>	DOL Denver District Office
<input type="checkbox"/>	DOL Cleveland District Office
<input type="checkbox"/>	DOL Seattle District Office

→ Attention: _____

The attached claim forms are submitted with supporting documentation.

Employee: _____ SSN: _____

Survivor: _____ SSN: _____

Enclosed documents include:

<input type="checkbox"/>	EE-1/EE-2	<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	EE-3	<input type="checkbox"/>	Marriage License/Certificate
<input type="checkbox"/>	EE-4	<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	Authorization for Representation	<input type="checkbox"/>	Divorce Decree
<input type="checkbox"/>	EE-5 (s)	<input type="checkbox"/>	Power of Attorney Document
<input type="checkbox"/>	ORISE Printout	<input type="checkbox"/>	Adoption Records
<input type="checkbox"/>	Copy - Appendix H or 02-34 letter	<input type="checkbox"/>	SSA-581
<input type="checkbox"/>	Copy - Letter to DOE OPS Center	<input type="checkbox"/>	Social Security Records (brought in by claimant)
<input type="checkbox"/>	Copy - Letter to Corporate Verifier	<input type="checkbox"/>	Medical Records/Pathology Report
<input type="checkbox"/>	Claimant Employment Records	<input type="checkbox"/>	Other
<input type="checkbox"/>	Occupational History Questionnaire	<input type="checkbox"/>	Other
<input type="checkbox"/>	Occupational History Thank You Letter	<input type="checkbox"/>	Other

Resource Center Manager _____